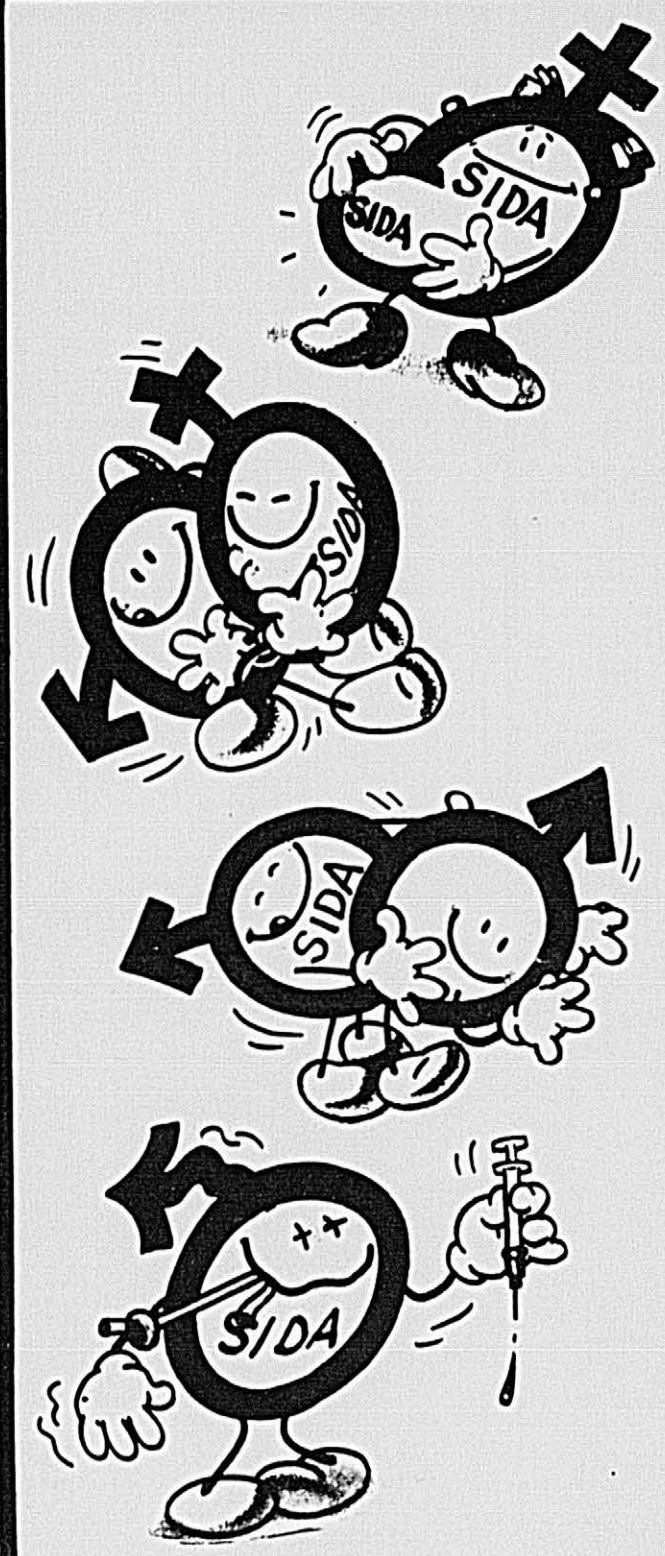
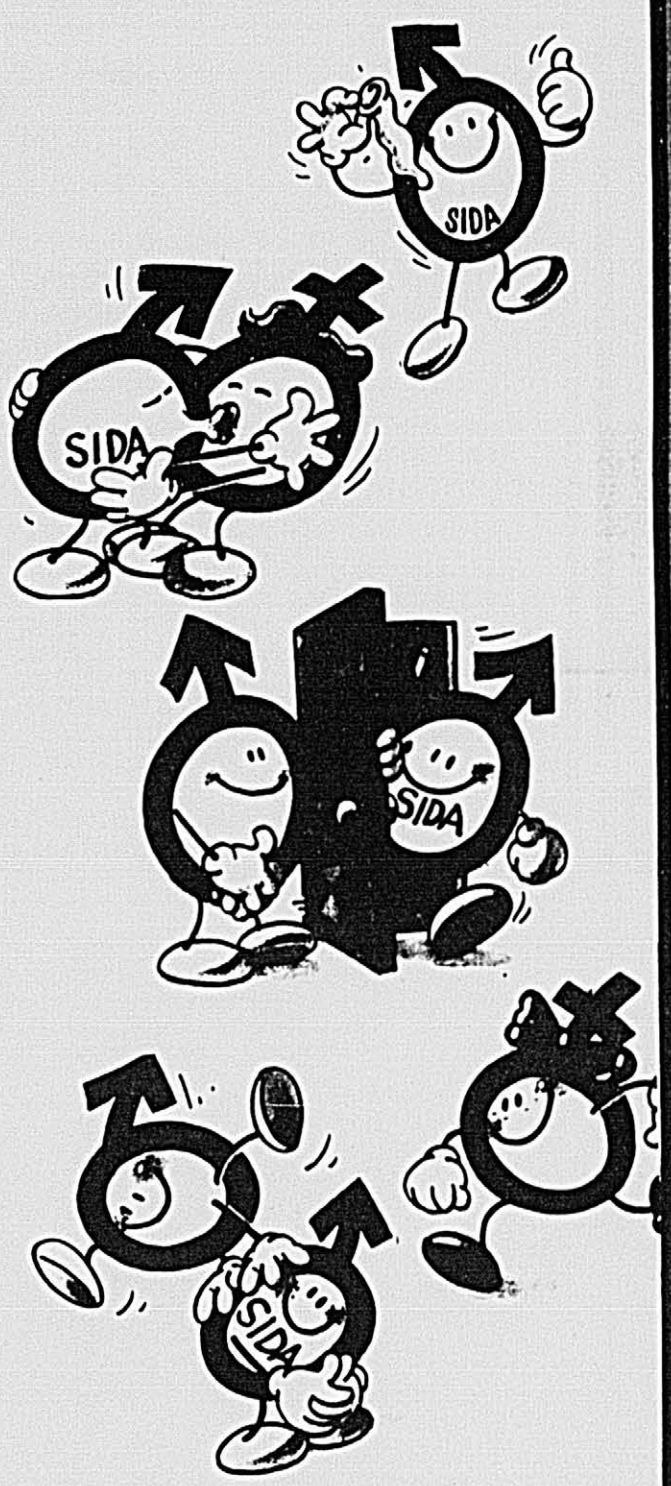
The McGill Daily

Volume 79, Number 42. Monday, November 27, 1989



Si Da.
Risky



No Da.
Safe

AIDS ACTION ISSUE

Would the HIV-positive woman who submitted an anonymous article please re–submit it for Dec. 1
(oops, we lost it)

URGENT!

Would the Treasurers of the following groups please contact the McGill Daily Business Office. Immediately.

- **D.E.S.A.**
- **Latin American Awareness Group**
- **Women's Union**

URGENT!

comment

No battle, no casualties; This is not a war

This is not about a war on AIDS. It is not about battling a disease or fighting an insidious retrovirus. Nor is it about arming oneself against an invisible and uncomprehending enemy.

The images we would normally use to scare us into protecting ourselves are ineffective here: People Living with AIDS are not casualties, and anger towards people who are infected with HIV is misdirected. Since HIV is not passed by design but by ignorance, we are better off preparing ourselves with understanding.

Perhaps no other issue in the 1980s has drawn together as many disciplines to push for change in our society. Medicine has had to reevaluate drug testing and review protection for health care workers. Educators confront century-old barriers in our sexual lives, developing new techniques to reach enormous numbers of people. AIDS activism is a mix of outreach, community organizing and civil disobedience, spawning a whole new range of communication and art.

If this is an issue that binds so many disciplines together, challenging our intellects and compassion, where better to understand these social changes as they take place, where better to anticipate them than at a university.

At McGill, researchers and teachers are already facing a new decade of learning to live with AIDS, from the patients' clinic at the Royal Victoria Hospital, to the ethicists at the Centre for Medicine Ethics and Law, to critics of the media's treatment of AIDS.

AIDS Action Week at McGill tries to draw on these resources, to show the exciting and disturbing work they are doing now. Not only a Sexually Transmitted Disease, AIDS is an admittedly complex and stimulating set of problems, and stories of personal victories.

□ □ □

But the question is, why at a university with all this happening, isn't it working? Why are students, McGill students, not protecting themselves in the face of all the information available to them?

In a recent study conducted at Queen's University, 50 per cent of the first year students surveyed were afraid of getting AIDS. But only 12 per cent of males and six per cent of females regularly use condoms or insist their partners use them.

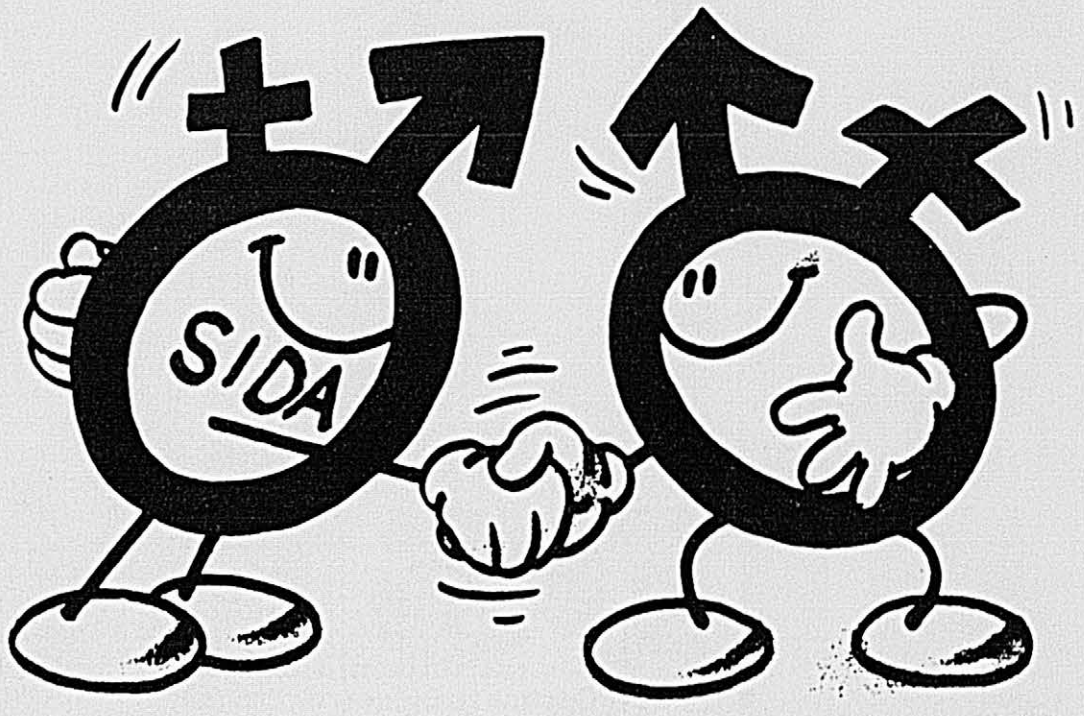
By contrast, North America's gay population, first hit by the virus, is by and large practising safer sex now, and the rate of increase of new cases among gay men is declining. The adage that there is no such thing as a high risk group, only high risk activities, proves true again and again.

Montréal's Centre for AIDS Studies reported last week that Québec has the highest number of AIDS cases among women in Canada, with 60 per cent of the nation's cases. 80 per cent of Canadian babies born with AIDS live in Québec. In this city, where as many as 1 in 50 people may be HIV-positive, not practising safe sex is "playing with fire," as one person with AIDS has put it.

In a university with so much happening in its research, why is it that McGill still doesn't have an AIDS policy. Many other universities in Canada, like Carleton, Dalhousie, and Concordia, have developed a workable AIDS policy and are doing their own outreach to educate their students about AIDS.

McGill administrators may not want to single out AIDS from other STDs for fear of attaching a stigma to it, an understandable concern. Unfortunately, we have to realize that society has already stigmatized it, that we can no longer class it with chlamydia, syphilis or even cancer, however much we would like to.

Jo-Anne Pickel
Jeanne Iribarne
Eric Smith
Coordinators
AIDS Action Issue



AIDS ACTION WEEK
NOVEMBER 26-DECEMBER 1
McGILL UNIVERSITY

Sunday-November 26

• **8 pm** - *Sex, AIDS and Videotape* - Discussion Group - Gardner Residence 3925 University

Monday-Nov. 27

• **8 pm** - *Parting Glances*-A feature film on AIDS by director Bill Sherwood - FDA Auditorium, 3450 University
• **8 pm** - *Sex, AIDS and Videotape* - Discussion Group - Royal Victoria College Residence 3425 University

Tuesday-Nov. 28

• **7 pm** - *AIDS and Individual Responsibility : the Activist Option* - Blane Mosley, ACT UP New York; Ross Laycock, AIDS Action Now; Eric Barbeau, ACT UP Montréal - Union Bldg. Room B-09/10

Wednesday-Nov. 29

• *** Noon** - Prof. Gregory Baum -*Religion and AIDS* -Birks Bldg, 3520 University,Room 111
• **3 pm** - *Living With AIDS in the 90's* - David Cassidy, social worker Ville Marie Social Services; Joanne Willes, Chez Ma Cousine AIDS hospice; & a Person Living With AIDS - Leacock Bldg, 855 Sherbrooke W. Room 219
• **8 pm** - ACT UP Video Night featuring *Reframing AIDS*; *Doctors, Liars and Women*; *Testing the Limits* - The Alley, Union Bldg.3480 McTavish

Thursday-Nov. 30

• **Noon** -Who should know your secrets?*AIDS, Medecine and the Law: Informing partners and other controversies* - Andrew Orkin, McGill Center for Medecine Ethics and Law; Anne Duffie, McGill Center for Medecine Ethics and Law; William Flanagan, McGill Faculty of Law - Moot Court room, Chancellor Day Hall 3644 Peel
• **4 pm**-*Mechanism of Action of Nucleoside Analogues in Inhibition of HIV 1 Replication* - Dr. Mark Wainberg - Stewart Biology Bldg.1205 Docteur Penfield Room 1/4

All Week Long
Information tables around campus, International Safe Sex Poster Display in Union Bldg., AIDS Action Week on Air on CKUT 90.3 FM, Condom giveaways, and more . . .
Information: 398-6800 or 848-1753

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Phallic fallacies

Here in Québec, 100 cases of AIDS in women had been reported as of September 15, 1989, or 60 per cent of the national total of 166 women with AIDS. Today, women are proportionately the fastest growing group of people with AIDS in the US. In New York City alone, AIDS has become the major cause of death of women between the ages of 25 and 34. In Africa and the Caribbean women make up half of people living with AIDS.

Despite such alarming figures, Health and Welfare Canada only recently decided to launch an investigation into the specific problems encountered by HIV–positive women and women living with AIDS. The first of its kind in Canada, the report titled "The Québec Study: HIV Seroprevalence in Childbearing Women" is predictably long overdue.

The medical establishment has never been particularly swift in responding to women's needs. For the most part, it has been too busy devising increasingly ingenious methods of controlling and regulating our bodies and our sexuality. AIDS rhetoric, management and treatment techniques have unfortunately proved no exception.

The medical establishment has been characteristically unresponsive to demands made by HIV–positive women and women with AIDS. Little research has been done into the effects of AIDS on pregnancy, almost none into woman-to-woman transmission. And women of child-bearing age are excluded from almost all AIDS drug trials.

Women have been denied participation on steering and planning committees in many AIDS organizations. As a result, it has been left to men to define and try to meet women's needs.

Although the numerous problems associated with HIV-positivity and AIDS for women have hardly been addressed by the media, by the medical establishment or by policy makers, this is not to say women are never discussed. They are, and in disturbing terms.

AIDS rhetoric presents no new images of women. Rather, it resurrects faded pictures of women, which had to a great extent been swept under the carpet during the last twenty years.

Today, we see sweeping stereotypical characterizations of women living with AIDS. Portrayed as lascivious disease-ridden whores vicariously infecting clean and unsuspecting men, women and their seething corporeality have been blamed repeatedly for spreading the virus.

This image has been used to justify the increased harassment, persecution and surveillance of prostitutes in Canada and abroad. These actions betray an underlying agenda—an agenda that has less to do with AIDS prevention than it does with the maintenance and regulation of sexual mores.

Rarely do the media or policy makers acknowledge the extensive AIDS activism prostitutes are involved in. Prostitutes have been among the leading safe sex educators in the US, Kenya, the Phillipines and elsewhere.

Such scapegoating of women is not limited to prostitutes. The western media's overwhelming desire to identify AIDS as a foreign and exotic invader into "clean and pure" North American society carries with it a potent racism. This racism directly affects Black and Latina women, who make up a disproportionately large number of people with AIDS in North America.

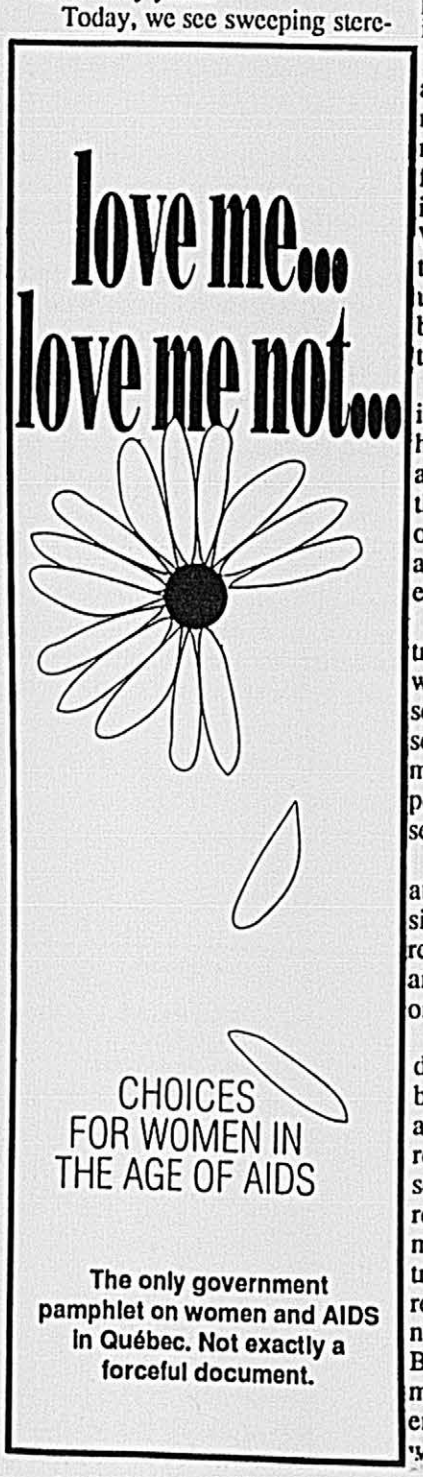
When AIDS rhetoric is not aimed at blaming women, it aims at rendering them passive. Medicine represents women's bodies as inefficient transmitters, lacking that all-important projectile capacity. Women are merely passive receptacles in which the virus lies patiently in wait for the next active brother to happen along. And then the attack!

Once this passivity is translated into the discourse on safer sex, it has a devastating impact. How can a safer sex campaign tell women they must practice safer sex without at the same time taking into account the reality of women's experiences?

When women are subjected to traditional sex role stereotyping which tells them not to assert themselves, not to openly express their sexuality, not to make sexual demands, how can they then be expected to insist upon preventative sex?

Yet safer sex campaigns aimed at curbing heterosexual transmission consistently put the onus of responsibility on women. Women are told to carry condoms. Men are only asked to use them.

The association between sex and danger is something women have been forced to deal with traditionally. Safer sex has the potential to revolutionize how we define ourselves as sexual beings. It seeks to re-eroticize sexual activities which men have dismissed as non-penetrative, and therefore not sexy, and reiterates a great deal of what feminists have been saying for years. But in order for this to happen, we must insist that our own experiences define what we mean when we talk about safer sex.



CKUT AIDS waves

McGill's AIDS Action Week will include not only on-site events, but a healthy dose of airwave saturation courtesy of CKUT's "AIDS Action on Air" campaign, running from Monday, November 27 through Friday, December 1 (World AIDS day), and wrapping up the following Sunday.

The station will run special programming on AIDS issues, but will also focus on the syndrome in much of its regularly-scheduled spoken word programming. Each show will discuss how AIDS enters its spectrum of concerns.

Besides numerous safe-sex shorts and events announcements, the week features a two-hour Tuesday night round-table discussion about AIDS featuring a person living with AIDS, a health worker, and a local AIDS organization. Listeners will be able to phone the station and ask questions of the panel.

That programme begins at 20h.

Amongst regular programmes, AIDS organizations will be profiled on The Morning After each day at 8h30, and the daily Channel 01-05 will feature events announcements at 13h-13h30.

The newsmagazine Off the Hour/Entre Parentheses at 17h will have interviews and opinion pieces every day on relevant issues, including McGill AIDS policy, prisoners' rights and an interview with Gaston Naessens on experimental drug testing.

Same-sex enthusiasts wil have their say on Monday, with the Homo Show at 14h and Dykes on Mykes at 19h examining the impact of AIDS on their respective communities and possibilities for action.

Tuesday afternoon, on Friends (13h30) and Amandala (14h), the Black response to AIDS in Montréal, South Africa and elsewhere will be profiled.

Wednesday, the class struggle and AIDS: A la journée Longue (13h30) speaks about the position of workers (especially sex trade workers) in the crisis and Voice of the Poor (19h30) discusses the particular difficulties the poor have living with AIDS.

Face to Face (Thursday, 14h) and Hersay (14h Friday) will both deal with the ways AIDS has affected women, while the Montréal Jewish Magazine will present readings on AIDS and the Jewish community Thursday at 19h.

The Haitian community's troubles with double-barrelled discrimination will be the focus Saturday morning at 11h, and Latin America's struggle with AIDS and homophobia will be discussed on Listening to Latin America (Saturday 13h) and Latin Time (Sunday, 9-10h, in Spanish).

This many-splendored *plume* of information should not be refused by gracious ears. Keep your FM dial tuned to 90.3 all week, and phone Lisa Vinebohm at CKUT for more info, 398-6787.

Not his real name

When Chuck went to Europe in 1988, he discovered a small pimple on his cheek. Three months later, it was still there and he started to worry. He came back to Canada for a quick visit and decided to have it checked out.

by Jeanne Iribarne

"I went in (to his doctor's office) and they took some of it off to do a biopsy. That was unpleasant enough, you know, to have them cut bits off your face," he said. The receptionist called him the following week.

"She said the doctor wanted to see me. I said, 'OK, I'm free next week.' And she said, 'No he wants to see you now.'

"So I thought uh oh.

"I went in and he was sitting there wringing his hands, which were all white. Then, he explained what I had (kaposi sarcoma). I said, 'all right, what does that mean.' And he said, 'that means you have AIDS.'"

Chuck knew in 1985 that he was HIV-positive after his fifth test for antibodies. Nevertheless, he was shocked when the pimple he discovered in Europe turned out to be 'the works'. He was in Hamburg working at his job and had just been offered a position in Paris. His life, even though he was HIV-positive, was "on the ball."

"My first reaction when I found out I had AIDS was 'now what'. On my way home, I was crossing the street and I couldn't see anything. I wasn't looking right or left. I wanted to be hit by a car. So that I wouldn't have to go through all the pain," he said.

A gay man, he had himself tested as soon as the test was developed. He said he doesn't know who gave him the virus, but that it doesn't really make a difference because it wouldn't change the fact that he has it.

"I decided I would live as normal a life as possible and make sure I didn't spread it to other people," he said.

"To be HIV-positive didn't really bother me. I thought, you know, you play with fire and you get burnt. I've always been an optimistic person, and so I hoped that I would be part of the percentage that didn't go on to develop AIDS."

In order not to spread the virus, Chuck had to be careful with his partners. He said that while it is still possible to have sex, it becomes less exciting.

"As soon as I knew, my sex life was almost non-existent. You know, everything was wrapped in plastic. It was like I would tell my partner 'you take this walkie-talkie, I'll take that one, and we'll go into different rooms.'"

If they think that they are not going to get it then they should end their misery now and shoot themselves before they get it, because they will.

He never told his partners that he was HIV-positive because he felt that would destroy whatever romance they had. But, he insists that he never engaged in any activies that would have put his partners at risk.

Everyone has their own way of dealing with the infection, he said.

Not even his family knew he had AIDS until one day he ended up in the hospital with a nosebleed. What in a healthy person would be a minor concern hospitalized Chuck. Because of the side effects of the drug AZT, his blood wouldn't clot, causing him to lose vast quantities of blood.

His mother and brother waited outside while the hospital drew more blood to test, once he had informed them of his condition. While they waited, Chuck's brother explained to his mother why the nosebleed was so serious and that his brother had AIDS.

"She didn't mention it until the next day," he said. "My family has been very supportive. In fact, I'm sure that's why I'm still alive now."

Before that night in the hospital, Chuck's mother didn't know he was gay. Surprising him, she rebuked him for not telling her, asking him why complete strangers knew and she didn't.

"They don't tell the whole truth about why I'm sick to their friends, because they are afraid I'll be discriminated against. It's in my best interest."

With the support of his family and his friends, Chuck is remarkably determined in the face of the setbacks he has met. The beginning was the worst, he says.

"That was rough. It was a mad dash from one hospital to the next and from one doctor to the next, but now I'm OK. Some treatments, such as radiation, he describes as "a nightmare, the most painful experience I've ever had.

"You know people used to say to me 'oh, I've just had radiation and it was horrible' and I used to think, oh well how painful can it be? But then, when you actually experience it, you know what pain is. Then, you can feel compassion," he said.

Now, he says that having overcome these things, he is getting better.

"That makes it a lot easier for my family," he said. "They tend to forget that I'm sick. In the beginning I kept thinking it was all a bad dream, that it couldn't be happening to me.

Now every little blow that comes my way, I just keep thinking I've overcome that one and these are all points on my side. It's like a team. I pat myself on the back for all my accomplishments. I have to because no one else is going to. And now if I decide I'm going to do something, it's because I really want to do it.

"Now every little blow that comes my way, I just keep thinking I've overcome that one and these are all points on my side. It's like a team. I pat myself on the back for all my accomplishments. I have to because no one else is going to. And now if I decide I'm going to do something, it's because I really want to do it."

Chuck has had to select which elements of his life he wants to continue, which friends to keep, how much work to do, how much to put up with. He is still employed, working freelance, partly to keep him circulating in society, and partly to take his mind off his illness.

"No, the people I work with don't know," he said. "I'm sure I would end up losing a lot of work. I don't blame people for the reactions they have. It's just ignorance. You know, people point fingers.

"But, anyone who's had sex in the 1980s can get it. No one is exempt. I know lesbians who have it, straight men who have it. A 19-year-old girl I know who was a virgin when she married, and now she has it," he said.

"I've had to weed out my life, to eliminate all the stress from my life," he said. "I had to quit my full-time job and to give up the idea of travelling.

"I had to decide which people I want in my life, to get rid of stupidities. Some friend I have called me up hysterical that she couldn't find shoes to match her handbag... I just don't have time for them anymore—just stupidities."

Nevertheless, he said most of his friends have been supportive. At first he joined a support group at Comité Sida Aide Montréal.

"The support group at CSAM was very helpful, especially at first. I mean, it turned out eventually that I was the strongest one there, and so all the others turned to me and said 'you're my rock' and when I had problems they seemed to resent me. It just became very draining," he said.

"But it was strengthening to see that you can still overcome the illness. I mean, I've known people who've taken it as a death sentence and died six months later. It's like a black cloud. Sometimes it's over your head and sometimes it's three feet away.

"I look at it this way. I could have been in Armenia during the earthquake, I could be in San Salvador now. Every day is a gift," he added

Unlike many People With AIDS, Chuck is generally happy with the support he gets from the various levels of government. Currently, he is on welfare, but will go off it to work more.

"I think the governments (provincial and federal) are great. I mean, I think it's wonderful what they've been doing. It's not like in the States. Drugs are being tested here, drugs are available. We have no reason to complain. We have housing, we have shelter. Of course, it's never enough.

"Education is pathetic, on the other hand. People are just not being informed. There are no advertisements on television, there are no posters, condoms aren't available in bars yet."

Finding out that some of his friends still practice unsafe sex, despite the fact that they know about Chuck's illness and watch what he is going through is one of Chuck's great frustrations.

"It makes me want to kick them, I get so frustrated. That's why I joined ACT-UP (AIDS Coalition to Unleash Power). How can you drill it into a heathy person's head, the horror of it. Maybe that's my purpose after all, if I can prevent someone else from getting it."

To the straight people who are still not practising safe sex, Chuck said, "If they think that they are not going to get it then they should end their misery now and shoot themselves before they get it because they will. The first person I knew to have died of AIDS was a lesbian and the second was a straight woman."

"What do they think they're made of?"

Patients' rights no luxury

In the on-going trial of self-styled cancer healer Gaston Naessens, the issue isn't quite as simple as commentators are making it out to be. Rather, the case has become one which may legitimate or break alternative medicine in Quebec. And in the end, Naessens' medical track record doesn't matter.

by Eleanor Brown

The enduring North American vision of the lovable quack all the townies call "Doc" is a legacy of the spaghetti western. The irascible charlatan's lone horse would pull his tiny covered wagon, painted black and decorated with garishly whorlish white letters proclaiming him a healer and seller of viscuous sugar–water potions.

But the picture of the misguided doctor whose treatment usually costs the life of the patient comes from depictions of the courts of European royalty. Surrounding the sickbed, an unbroken line of professionals argued over the proper treatment. In the end, leeches were dropped onto a bare stomach and the patient died of blood loss.

Today's physicians are more sophisticated, and so is the so-called quack. Naessens, sixty-five, said he could cure cancer and AIDS in his Sherbrooke–area Eastern Townships Centre for Experimental Research, and is now in court. Many of Naessens' AIDS patients are fighting for his acquittal.

Naessens, whose Québec Superior Court trial began November 10, is charged with criminal negligence leading to the death of Angèle Langlais, who died of generalized cancer in 1984 after receiving dozens of injections of Naessens' drug, 714-X. The solution is apparently composed of camphor pellets dissolved in water.

Langlais' death came slightly over a year after canceling surgery in favour of Naessens' care.

Her husband Marcel signed a complaint because "because as she lay dying, she said to me that she was lied to and betrayed."

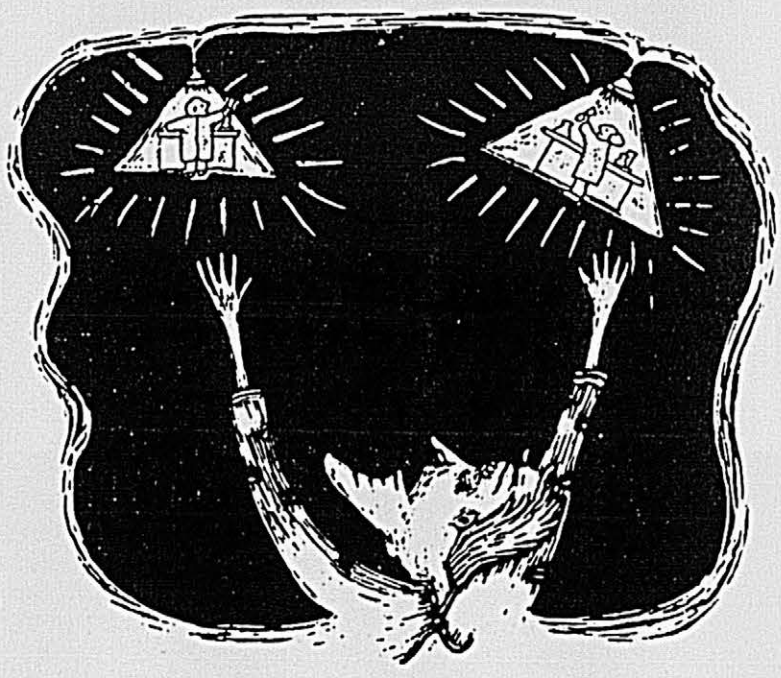
Naessens is also charged with assault causing bodily harm for injecting Langlais and another cancer patient with 714-X at their own request, and two counts of fraud for charging them over $1000 each.

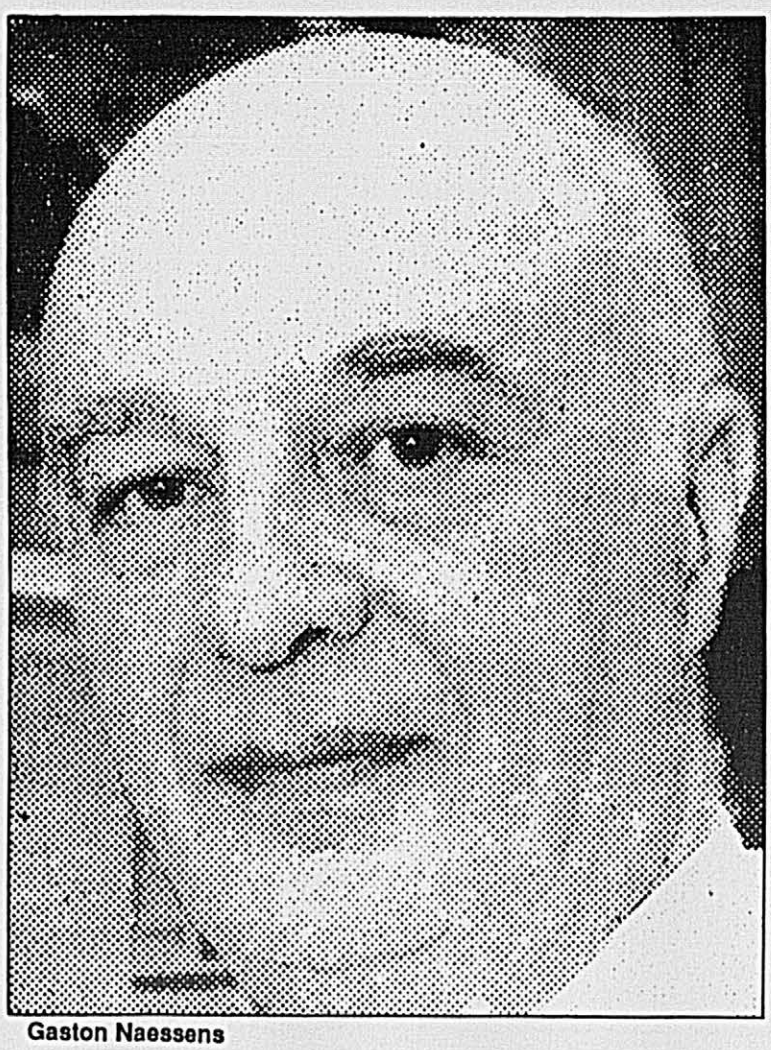
Defence lawyer Conrad Chapdelaine said Langlais, in fact, had little hope of survival regardless. In court, doctor Lorenzo Hache said Langlais had a 35 per cent chance of recovery if she had received recognized treatment, such as surgery or chemotherapy, when first tested in 1983.

Meanwhile 64-year-old Roland Caty testified that Naessens cured him of prostate cancer in 1977. And a group of people with AIDS have organized a Naessens support group, picketing the Sherbrooke court house demanding his release and organizing demonstrations in front of the offices of the Corporation des médecins du Quebec.

The activism of people with AIDS is almost unprecedented. Taking their lead from the feminist critique of health care, they see the failures of the system and demand alternatives. The backlash began after AIDS was marginalized as the Gay Plague. Bureaucrats' foot-dragging in the refusal to immediately set aside research funds led to unnecessary deaths.

With small amounts of money disbursed for research, scientists are fiercely competitive and secretive about their progress. And the more prestigious scientific journals insist reports remain secret until they release them, keeping important advances from their audience until after the magazine has gone to the printers—and deadlines are often months in advance.





Gaston Naessens

Paternalism is the norm with the majority of physicians believing that the health and continued life of their patients is much more important than their patients' right to self-determination.

This, coupled with the doctors' historical vision of their role as expert and father-figure, has led to xenophobia, a narrow-minded exclusion of new ideas, new practices, new anything.

People with AIDS have had well-publicized run-ins with the Canadian establishment, which refused to okay drugs which were already being used in the United States as treatment. It is in fact the established doctors who have slowed down the research on AIDS.

Alternatives are needed, and the arrest and prosecution of those who practice medicine without a licence plays into this game of professional doctors as gods. Midwives have been hounded, naturopaths harassed, chiropractors laughed at. But the failures of modern medicine point to a desperate need for alternatives.

As Montréal-based science reporter Nicholas Regush wrote in a column in September, "Rather than clean their own house, some of this city's cancer specialists carp about the stench of garbage at the House of Alternative medicine down the block.

"They are annoyed that many of their patients turn to unconventional cancer treatments, such as exotic diets and untested drugs.

"But they offer little themselves in the way of novel approaches to cancer care.

"Uncompromising belief in Old Faithful—the clinical trial—holds sway at the expense of ingenuity.

"The conventional cancer therapists speak of incremental advances, and they can point to some people who benefit greatly from conventional approaches.

"But on average, the facts speak differently. Treatment improvements in the past 30 years for many of the major cancers have been slight.

"One recent U.S. congressional report even accused the cancer-therapy establishment of doctoring data to artificially boost the number of announced improvements."

Québec's justice department has decided to charge Naessens for administering a non-toxic drug to patients who have made a decision to leave the fold of established medicine and try something else.

And somehow the right of the patient to make their own decision has been lost along the way. It is interesting that the rights of the individual disappear when confronted by the monolithic paternalism of the medical profession. In fact, clear-thinking, concerned patients who have cared enough about finding out the details of their own treatments and to ask questions are invariably labelled "hysterical", "uninformed", and "troublemakers".

Doctors and the institutions in which they work have always kept patients in their place:

"Nevertheless, installed in a strange institution, separated from friends and family, forced to wear a degrading costume, confined to bed, and attended by a variety of strangers who may or may not keep the patient informed of what they are doing, the average patient is intimidated and disoriented," writes George J. Annas in *The Emerging Stowaway: Patients' Rights in the 1980s*. "Such an atmosphere encourages dependence and discourages the assertion of individual rights.

"The movement for enhanced patients' rights is based on two premises: (1) citizen's possess certain rights that are not automatically forfeited by entering into a relationship with a physician or health care facility; and (2) most physicians and health care facilities fail to recognize these rights, fail to provide for their protection or assertion, and limit their excercise without recourse....

"Physicians, who perhaps value their own professional autonomy more than any other group, nevertheless devalue it for their own patients. Instead, paternalism is the norm with the majority of physisicans believing that the health and continued life of their patients is much more important than their patients' right to self-determination. This belief system not only leads to conflicts with individual patients about their own care but also to a general view that sees patients' rights as being a luxury item in medicine rather than a necessity."

People with AIDS have had well-publicized run-ins with the Canadian establishment, which refused to okay drugs which were already being used in the United States as treatment. It is in fact the established doctors who have slowed down the research on AIDS.

Those who seek out the Gaston Naessens of the world know what they're getting into—they have already spent time with the professionals and have lost faith.

And it cannot be left to the establishment to decide who is a proper doctor and who isn't. The self-interest of the licenced professionals means that in the end, it is the health care system itself that loses. And as long as there is a need for alternatives, there will be more Gaston Naessens.

Gaston Naessens should be acquitted.

And doctors should worry about themselves before they presume to judge alternative practitioners.

AIDS gloss

AIDS: Acquired Immune Deficiency Syndrome- A breakdown of the body's defense system that makes it susceptible to a wide variety of oftentimes life threatening disorders and symptoms.

"AIDS Test": Does not test for AIDS directly, it tests for the presence of antibodies to the HIV retrovirus. There are methods available to test directly for the AIDS virus but they are too expensive for widescale screening programs. The "AIDS Test" (test for HIV antibodies) is not infallible. It can sometimes result in false positives (which indicate that the virus is present when in fact it is not) or false negatives (which indicate that the virus is not present when in fact it is). Another drawback to the test is that people infected with HIV do not produce detectable antibodies until an average of about six weeks after exposure. Although the virus is present in the blood during this time, the tests cannot detect it.

ARC: AIDS Related Complex- Situation of a person who is HIV positive (see below) and who has experienced some of the symptoms of AIDS such as swollen glands, persistent diarrhea, loss of weight and drowsiness but who has not developed one of the opportunistic infections associated with AIDS.

AZT: Zidovudine or Azidothymidine, trade name Retrovir — A drug, originally developed in 1964 as a cancer treatment, which slows the replication of the AIDS virus in cells. It is one of the few drugs licensed to treat AIDS directly and can improve the quality of life of those whose systems can tolerate it. AZT has been shown to be highly toxic to the bone marrow, sometimes causing anemia severe enough to require blood transfusions and can have many side effects such as nausea, lung complications and toxic interactions with other drugs.

Buddy Systems: Programs set up to help people with AIDS who may have lost the support of their family and friends. They pair up a person with AIDS with a "buddy" to help them with domestic chores, making wills and dealing with their situation.

DDI: Dideoxyinosine— Drug recently approved for distribution in the United States which works directly against HIV. It is thought to have side effects less severe than AZT.

Dental Dam: Latex or plastic square used to make oral sex safer.

General Population: as in "AIDS is spreading into the general population"— Term often used which artificially divides the population into those who are thought to be part of a "high risk group" (see below) and all others. This term implies that AIDS is seen as an important problem only when it affects people outside the initial communities affected. It is important to remember that everyone, regardless of their gender, race, class or sexual orientation, is part of the general population.

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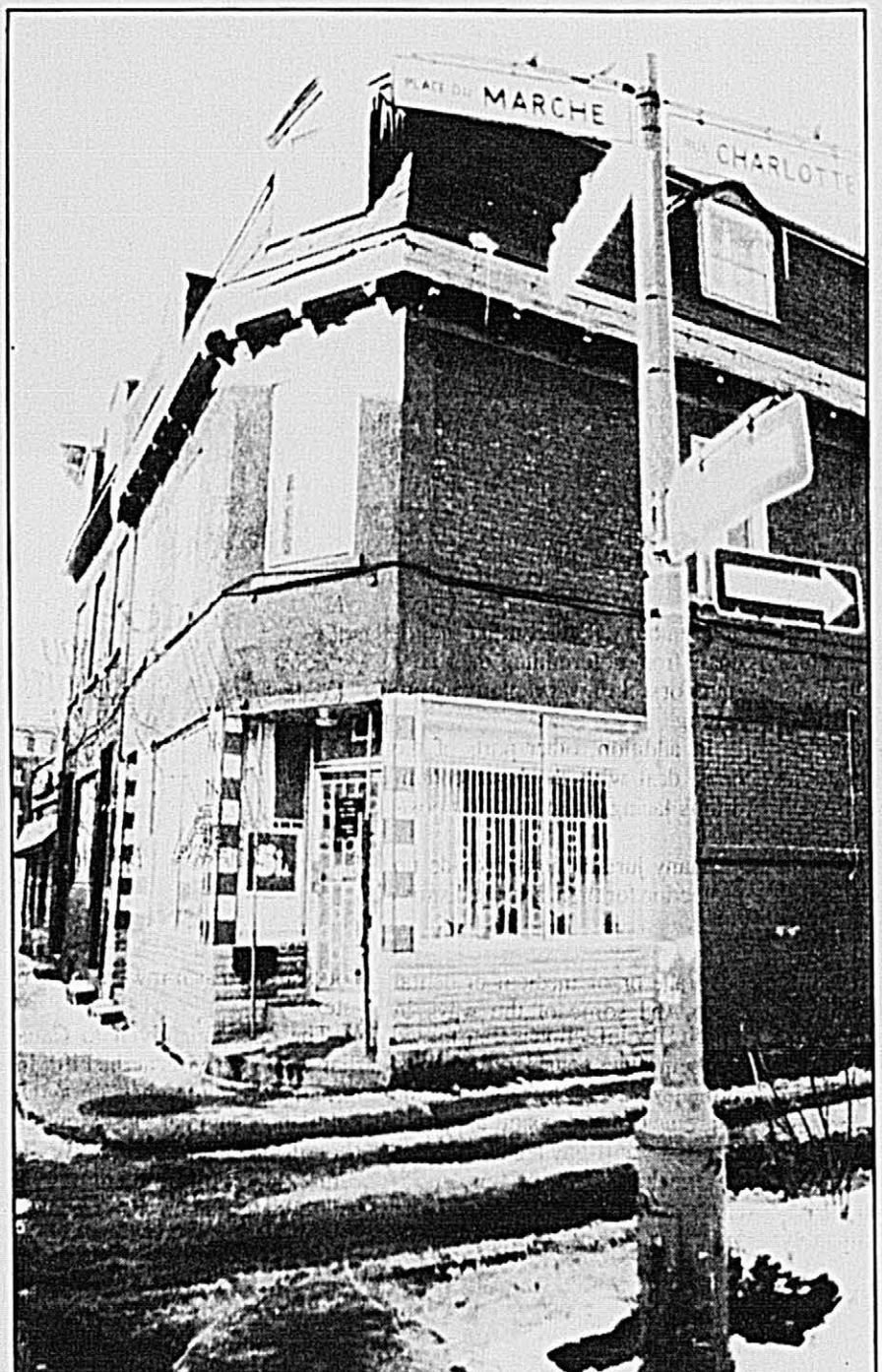

CACTUS, at 1209 St-Dominique is open through the night from 22h on. It's a needle exchange programme and condom distribution point. If you shoot drugs, you can exchange used syringes for clean ones here. If you want to stop, referrals to withdrawal programmes can be obtained. Otherwise, CACTUS has a no questions asked policy.

Montréal AIDS services

Comité SIDA Aide Montréal: 3600 Hôtel De Ville (282-9888) — prevention, support and advocacy group, also runs a French and a recently formed English "buddy" program, a self-help group for people with AIDS, and a family and friends support group.

AIDS Community Care Montreal: (939-0075) — primarily English-speaking support group, also runs a "buddy" program to provide personal support for people with AIDS.

CLSC Metro: 1550 DeMaisonneuve W. (934-0552) — Anonymous and free testing, counselling, information and support center.

CLSC Centre-Ville: 1199 Bleury (861-6644) — same as CLSC Metro.

Center for AIDS Studies: (932-3055) — Community outreach and statistical research.

CACTUS Montréal: 1209 Ste-Dominique (954-8869) — Information, free syringes and condoms... no questions asked.

ACT UP Montréal: (931-4686) — Activist group committed to direct action, outreach and education.

AIDS Hotline: Counselling and information (1-800-668-2437).

INFO-SIDA-MTS: Information on sexually transmitted diseases (1-800-463-5656).

GALOM: Gays And Lesbians Of McGill in the Union Building, Rm 417 (398-6822) — Offers peer counselling and a resource library.

McGill Women's Union: (398-6823), Rm 423, of the Union Building. Sells condoms cheaply and occasional discussion groups.

Test reviewed

Until recently most health care workers and AIDS activists advised against testing for HIV antibodies. But over the past year, developments in drug therapy have radically changed the medical community's prognosis on AIDS and its reccommendations for testing.

by Chris Wood

The distinction between HIV infection and AIDS is important. Most scientists agree Human Immunodeficiency Virus (HIV) is the contagion that eventually leads to AIDS. But as a policy, community health centres and AIDS action organizations generally discouraged casual HIV testing—until recently.

A shift from the sentiment that AIDS is fatal to a belief that it is a chronic but treatable condition is now evident. Health centres and action groups have made an about-face.

Initially, concerns about misuse of test results kept many potential testees away from the growing number of health centres across North America that offered screening. Stories about insurance hassles, evictions, and social ostracism abounded in the communities where the disease had struck the hardest.

The general attitude was that since there was no cure for AIDS, there was no reason to know one's HIV status.

Studies on the drug AZT showed that early treatments of infected individuals can significantly postpone the onset of AIDS symptoms. Other drugs, such as ddI, are being tested now and may prove to be more valuable than AZT. Without knowledge of HIV infection, however, AZT treatment cannot take place.

According to McGill Law Professor William Flanagan, we need to build a public health model that will promote voluntary testing. Within this model, individuals who are concerned about possible infection will feel comfortable and safe in requesting HIV screening. Pre- and post-test counselling is imperative as is the privacy of the results. According to Flanagan, being aware of HIV infection early on will help prevent inadvertant transmission and facilitate early treatment and intervention.

Flanagan says major flaws exist in health systems like that of Ontario. Presently, the province requires the reporting of all positive HIV test results to the government. The provincial health service then takes action to trace the sexual history of the individual, and informs former partners of their potential risk.

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PCP: Pneumocystis Carinii Pneumonia — A form of pneumonia which is one of the predominated opportunistic infections associated with AIDS. This infection is being successfully treated with the drug aerosolized Pentamidine (see below).

Pentamidine: drug approved to be taken by people infected with the HIV to ward off PCP (see above).

Placebo drug testing: a method of testing AIDS drugs in which half a group of people with AIDS are given the drug being tested and the other half is given a sugar pill. Placebo testing has been opposed by some PWA groups who say it is an unethical protocal because it can deny potential life saving drugs to those who need them most.

PWA: Person with AIDS- term adopted by the advisory committee of People Living with AIDS in 1983. The committee is the forerunner of today's national association of People with AIDS. PWA is an attempt to find a term that does not imply defeat or helplessness like the labels of "victim" and "patient" which are often used. In 1987, the term was taken one step further to PLWA or Person living with AIDS.

Seropositive or HIV Positive: The status of a person who has tested positive for HIV antibodies.

T4 helper cells: Immune system cells that help white blood cells to fight off infection. These cells are debilitated by HIV.

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through another test called the Western Blot. The Western, is very accurate and a positive confirms infection. The whole procedure takes between one and two weeks. Results can be obtained at that time.

It should be stresed that even though voluntary testing is being actively promoted, it is not necessary for everyone. The classic "high risk" groups that emerged at the beginning of the AIDS crisis are quite obsolete. Instead, we should focus in on those who engage in "high risk" behaviour: Anal, oral or vaginal sex without protection, fisting and needle sharing. If you've done any of this in the past 10 years, voluntary HIV testing should be considered. If you haven't, don't start.

HIV itself is quite delicate, and is only infectious if it is introduced directly into the blood stream. In the blood stream, the virus attaches itself to cells of the immune system and "hijacks" some of its biological machinery to produce molecules. At the same time, the immune system begins to produce antibodies to these new viruses. After a few weeks, things begin to settle down within the body. The latency period is estimated at as long as 13 years. Eventually, a large proportion of HIV infected persons will come out of their latency period and begin to experience the first symptoms of AIDS or AIDS-Related Complex.

HIV infection can be seen as a spectrum, beginning with the introduction of the virus into the bloodstream and with AIDS, with a potentially long latency period in between. Yet, anytime during the infection, the virus can be transmitted to another person.

HIV: Myths and Facts

Myth: *AIDS originated in Afica when a green monkey bit someone.*

Fact: It is not known where the disease originated, nor is it constructive to pin the blame on someone or something. Epidemiologists have theorized about the relationship between HIV and similar viruses infecting simians in Africa but nothing has been proven.

Myth: *Prostitutes are responsible for much of the spread of AIDS.*

Fact: There is no proven link between prostitutes and an increase in the incidence of HIV or AIDS. Organizations in many cities in North America teach street workers to practice safe sex. And in fact, street workers are among the most organized in teaching safe sex. It is after all in prostitutes' best interest to use condoms to protect themselves against contracting HIV from their customers.

Myth-*AIDS is a gay disease.*

Fact-AIDS is NOT restricted to gays. Anyone can become infected with the virus that causes AIDS through:

•Sexual intercourse: any person infected with HIV can transmit the virus to another person through sexual activity where semen, vaginal fluids or blood enter another's body.

•Needle sharing: sharing hypodermic needles for injecting drugs can pass infected blood from one person to another. Instruments that puncture the skin such as razors, tattoo needles, ear-piercers and acupuncture needles can also be contaminated if not properly sterilized.

•Pregnancy: An infected mother can transmit HIV to her child during pregnancy and delivery. The risk of transmission is at least 50 per cent.

Myth: *AIDS can be "caught" through casual contact such as kissing and hugging or from toilet seats.*

Fact: There is no evidence of HIV transmission through kissing, hugging, crying, sneezing, shaking hands or by using an infected persons eating utensils, toilet, or towel. Avoid sharing razors. While HIV has been detected in low concentrations in saliva, urine and tears, it has not been shown to be transmitted through these body fluids.

Myth: *Douching can help wash out HIV.*

Fact: Douching is more likely to wash out the enzymes capable of fighting HIV. There is no substitute for safe sex.

Myth: *As long as you don't belong to a high risk group you are OK.*

Fact: AIDS is transmitted by what you do, not who you are. It does not restrict itself to certain demographic groups but affects everyone, including women, children and straight men. Anyone can get AIDS if they take part in risky activities.

Myth: *AIDS is God's punishment for homosexuality and drug use.*

Fact: It would be a strange God who would punish gay men and not lesbians, or who would punish injection drug users and not those who smoke drugs. And children and heterosexual women get AIDS too.

Myth: *If you test HIV positive it means you have AIDS.*

Fact: A positive test result means that you have come into contact with HIV and that your body has produced antibodies to attempt to build up an immunity to the virus. It is thought that people who test HIV positive have up to a 50 per cent chance of developing one or more of the infections associated with AIDS within an eight-year period after being infected.

Myth: *A positive result on an HIV antibody test is a death sentence.*

Fact: AIDS is now closer to a chronic manageable disease, than a death sentence. People with HIV and AIDS often lead productive and enjoyable lives despite their condition.

Myth: *A person can become infected by giving blood.*

Fact: There is no danger of contracting AIDS by donating blood. A new needle is used for every donation. The risk of becoming infected by *receiving* blood or blood products is extremely low. Strict testing procedures have been in place for all blood donations since1985.

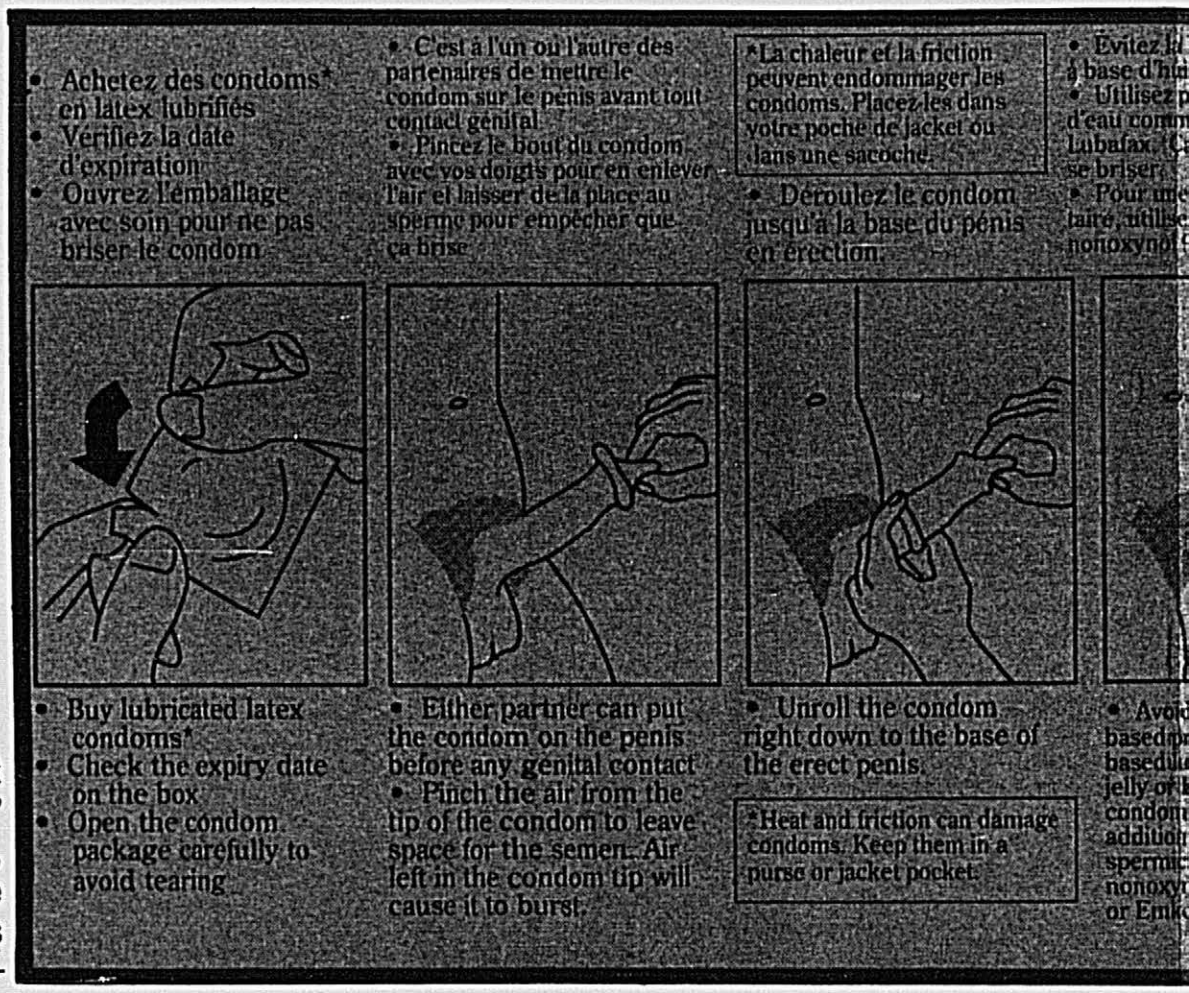
Myth: *You can get AIDS from a mosquito bite.*

Fact: No.

Myth: *There are no known cases of woman-to-woman transmission.*

Fact: At least three documented cases of lesbian transmission exist, but almost no research has been done exclusively on woman-to-woman transmission, and so such statistics are deceiving.

SAFE SEX TIPS



The Human Immunodeficiency Virus (HIV) is believed to be the principal cause of **Acquired Immune Deficiency Syndrome (AIDS)**. HIV is transmitted through blood, semen, and vervical secretions, and must enter the bloodstream to cause infection.

1. **ALWAYS USE LATEX CONDOMS** DURING **ANAL** AND **VAGINAL INTERCOURSE:**

• only used **water-based** lubricants (like KY-jelly or Lubafax). Oil-based ones (like vaseline) dissolve latex condoms.

• you can also use a spermicide (like Delphen or Ramses) containing Nonoxynol 9, which helps to kill the virus. However, this is not a substitute for condom use!

If you shoot up **once** with a contaminated needle, you run a **80-100%** risk of getting HIV. Protect yourself.

3. When using **SEX TOYS**—wash them thoroughly with soap or alcohol and cover with a condom before sharing them.

4. ***Good news on ORAL SEX!***

According to Canada's safer sex guidlines, oral sex on a man or woman is a low-risk activity. However:

• avoid oral sex on a woman who is menstruating

• avoid ejaculation in the mouth

If you want still more protection, use a condom; for cunnilingus, you can use a thin sheet of latex—either a "dental dam" or a non-lubricated condom, cut open and placed over the vulva. (Get details from Gays and Lesbians of McGill (398-6822) or the Women's Union (398-6823).)

• NEVER RE-USE A CONDOM

Using a condom:

a) tear open package carefully

b) squeeze out all the air and leave a space at the tip for cum.

c) roll down to base of penis.

2. **IF YOU SHOOT UP ANY DRUGS (INCLUDING STEROIDS) NEVER SHARE OR LOAN YOUR NEEDLES OR WORKS. EVER.**

Before shooting up, always clean needles and works with BLEACH:

1) fill a glass with bleach;

2) draw bleach up into syringe 2 times

3) repeat using water at least two times

Get your own works and never leave them or hide them in a shooting gallery.

Hugging, kissing, mutual masturbation, massage, erotic talk... use your imagination and have fun—**risk-free**!!

P.S. Consider keeping your *immune system* in better shape—try to avoid cigarettes, drugs, and heavy drinking. Good food and regular sleep help, too.

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• After the man comes, pull out the penis while it is still hard, holding firmly the base of the condom.
• Remove the condom, being careful not to spill semen.
• Throw it away into the garbage.
• Use condoms only once.

SEXE À MOINDRE RISQUE

Le virus d'immunodéficience humaine (VIH) est, semble-t-il, la cause principale du **syndrome d'immunodéficience acquise (SIDA)**. Le VIH est transmis par le sang, le sperme, et les sécrétions cervicales, et doit entrer dans la circulation sanguine pour causer l'infection.

1. **UTILISE TOUJOURS UN CONDOM EN LATEX** POUR UNE **PENETRATION ANALE** OU **VAGINALE:**

• évite les lubrifiants à base d'huile (comme le vaseline)—ils abiment le latex

• utilise plutôt un lubrifiant **à base d'eau** (comme KY-Jelly ou Lubafax)

• tu peux aussi utiliser un **spermicide** contenant du nonoxynol 9 qui tue le virus (comme Delphen, Ramses). CETTE PRATIQUE N' ÉLIMINE PAS L'USAGE DU CONDOM!

Pour utiliser un condom:

a) ouvre l'emballage avec soin.

b) pince le bout du condom pour enlever l'air et iaisse de la place pour le sperme.

c) déroule le condom jusqu'à la base du pénis.

2. **SI TU UTILISES DES DROGUES INJECTABLES (STÉROIDES INCLUS!)—NE PARTAGE JAMAIS TA SERINGUE NI TON "KIT." JAMAIS.**

Avant de te piquer, nettoie toujours ta seringue et ton kit avec DE L'EAU DE JAVEL:

1) remplis ta seringue d'eau de javel et vide la 2 fois;

2) rince ta seringue avec de l'eau au moins de 2 fois;

3) ne partage pas ton kit et ne le laisse pas, même à l'abri, dans un "shooting gallery."

Si tu piques avec une seringue contaminée, le risque d'infection est de 80% à 100%.

Protége-toi.

3. **SI** TU SERS DE JOUETS SEXUELS, lave les avec du savon ou de l'alcool et habille-les d'un **condom** avant de les partager.

4. ***SEXE ORAL: bonnes nouvelles!!***

Selon les Lignes directrices canadiennes sur l'activité sexuelle à risques réduits... le sexe oral avec avec une femme ou un homme est une pratique à **faible** risque. Toutfois:

• évite de practiquer le cunnilingus à une femme qui est menstruée

• évite l'éjaculation dans la bouche

Si tu veux encore plus de protection, utilise un condom; pour le cunnilingus, tu peux utiliser un écran de latex—soit un "dental dam" ou encore, un condom coupé et placé devant la vulve. (Pour plus d'information, appelle le Gays and Lesbians of McGill, 398-6822, ou le Women's Union, 398-6823.)

Les baisers, les caresses, la masturbation mutuelle, les massages, les conversations érotiques...

Laisse aller ton imagination et prend ton plaisir—**sans aucun risque!**

P.S. Protège ton système immunitaire en essayant d'éviter les drogues, les cigarettes et les abus d'alcool. La bonne bouffe et le sommeil régulier sont aussi recommandés!

An approach to sane solutions

by Brian Cohen

AIDS, Ethics, and Public Policy. *Christine Pierce and Donald Vandeveer, eds. Wadsworth Publishing Co., 1988.*

Since AIDS was identified in 1981, there have been desperate calls for "solutions" to the problem. Many of these pleas have been based on self-righteous moralizing, homophobia, class prejudice, fixations on economic efficiency, and fear.

For anyone interested in the general ethical and public policy issues involved in the AIDS crisis, *AIDS, Ethics, and Public Policy* is an excellent introduction to a saner point of view.

The style is readable, and not overly technical. The research is accurate and supported by abundant footnotes from such varied sources as *The Wall Street Journal*, *The New England Journal of Medicine*, *The Harvard Law Review*, and *The Advocate*.

The book is a collection of some twenty different articles whose subjects range from semantic analysis, quarantines, AIDS testing and discrimination in the workplace to international human rights, criminal law and sexual autonomy.

In essence, though, editors Pierce and Vandeveer from North Carolina State University concentrate on several key questions: How is the AIDS epidemic perceived in society? What moral, legal, and political challenges are posed?

And how does one respond compassionately in the face of media hysteria, government sanctioned discrimination, and genuine fear of AIDS?

Many of the difficult policy questions relating to AIDS have been posed as scientific, actuarial, or economic ones. But, as the essays in this book show, their true bases are social and moral. The broad policy challenge is to guide and limit the decisions of business and government to ensure a humane response that does not fall victim to panic and alarm.

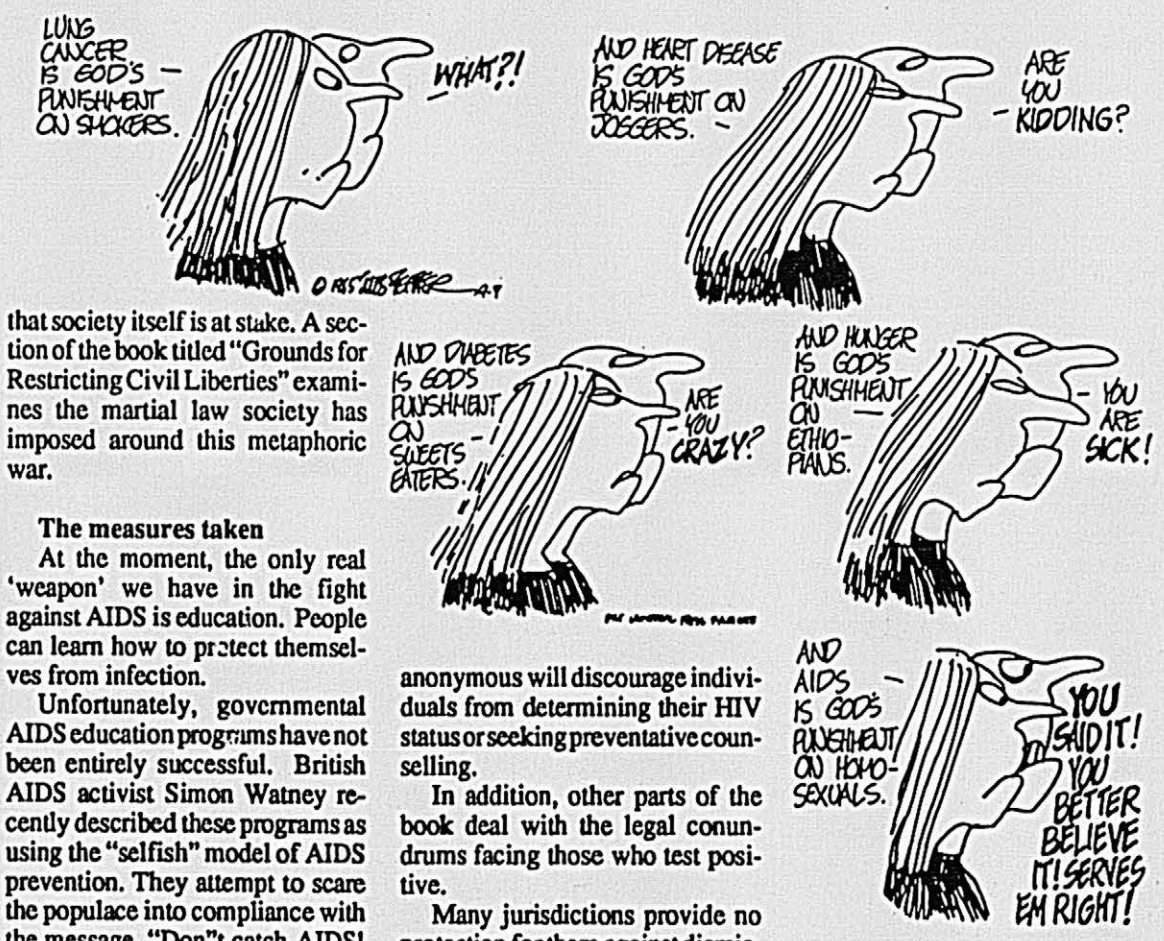
A good place to start any ethical analysis is by turning to language. Language is not only a vehicle for communicating our ideas, but also shapes the way in which we perceive our surroundings. In other words, the way in which we describe AIDS affects our conceptions of the nature of the disease itself.

In her article "Ethics and the Language of AIDS," Judith Wilson Ross lays bare the symbols commonly used by the media and the medical community when referring to AIDS.

AIDS is personified into a living 'enemy,' instead of what it really is—a virus. The use of the military metaphor is so pervasive that we scarcely notice it.

One reads about the 'arsenal' of medical technology being brought to bear in the 'fight' against AIDS, wherein the 'beseiged' white cells 'fight a losing battle' against the 'infiltrated' diseased cells. To be a 'carrier' is to 'harbour' the enemy, and everyone is suspect.

Repression is fostered by claims that society itself is at stake. A section of the book titled "Grounds for Restricting Civil Liberties" examines the martial law society has imposed around this metaphoric war.



The measures taken

At the moment, the only real 'weapon' we have in the fight against AIDS is education. People can learn how to protect themselves from infection.

Unfortunately, governmental AIDS education programs have not been entirely successful. British AIDS activist Simon Watney recently described these programs as using the "selfish" model of AIDS prevention. They attempt to scare the populace into compliance with the message, "Don"t catch AIDS! And keep away from those who have!"

The problematic issue of testing is addressed in several articles. The authors agree that mandatory or mass testing and other invasive measures, such as the quarantine or identification of people who test positive, are bad ideas.

Their basic premise is that any testing procedure in which the patient does not remain completely anonymous will discourage individuals from determining their HIV status or seeking preventative counselling.

In addition, other parts of the book deal with the legal conundrums facing those who test positive.

Many jurisdictions provide no protection for them against dismissal from work, loss of child custody privileges, denial of insurance coverage or of medical or dental care. And some of the ways in which HIV infection is transmitted are themselves considered felonies, as the text reveals by reprinting the Supreme Court decision to uphold Georgia's anti-gay legislation.

One shortcoming of this American book for any Canadian reader is the total absence of any discussion of AIDS in a North American context. Our mutual border should not be treated as if it were made of latex.

The exposure given to Canadian AIDS activists at the Fifth International Conference on AIDS held this summer in Montreal should widen the perspectives of future authors. In the era of Free Trade, information is something that we must all exchange—safely.

HIV humour

by Laurie Wesley

Humour has always been a reflection of the way in which a society associates and disassociates itself from a pressing issue. Such is the case with AIDS. With respect to humour, the last eight years have witnessed a remarkable change in North America's attitudes towards people living with AIDS.

In the early part of this decade, understanding of AIDS was minimal, and most attempts at humour resulted in ignorant and immature invective. AIDS was seen as a disease only gay men could get, and therefore "quick" jokes tended to single out gays.

Invariably, whether intended or not, the humour was homophobic. In fact, many perpetrators of such humour used the syndrome as a vehicle for gay bashing, while others, by passing on a joke or two, compounded society's collective dispassion.

As science's understanding of the disease grew, so did society's. And as AIDS became known as a disease which anybody, and not just gay men, could get, the general population's treatment of the virus in humour changed. For the most part, anti-homosexual invective was replaced by an uneasy humour based on fear of one's own future survival. Humour shifted emphasis from the disease itself to society's attempts to change its sexual practices to deal with it.

David John McCarthey and John Michael Rogers are young stand-up comedians who have been working the Montréal circuit for three and two years respectively. Together, they run the Comedy Nest Stand-up Workshop, a course which teaches would-be comedians the art of making people laugh.

Says Rogers, "Comedians are like the general public—they are a social barometer of society's attitudes."

McCarthey adds that "all comedians deal with what the media dishes out....In the early stages, stand-ups treated AIDS as a 'gay' disease, but now the emphasis is on our reaction, like 'safe sex.'"

McCarthey says that there is still "an undercurrent of hate, insecurity and ignorance" in some stand-up's treatment of AIDS, an example being the material of New York's Andrew Dice Clay, but, in general, most good comedians play upon the hysteria associated with the disease.

John Rogers adds that "in itself, AIDS is not funny—it is a disease like any other disease, such as Cancer or Muscular Dystrophy—it is not class-specific." He says what can be funny are the by-products of the media's treatment of the disease and society's accompanying reactions.

Both McCarthey and Rogers agree that the nature of a stand-up's humour vis-à-vis the AIDS virus depends solely on his or her intent.

"There are two roads in comedy," says McCarthey. "The first is the high road, or that which exhibits good writing, taste and good humour. The second is the low road, or that based on hate, insecurity and ignorance. There are still those who choose the low road and, unfortunately, find an audience."

There are, of course, many people who feel that humour has no place whatsoever in the subject of AIDS. On April 3 of this year, the Montréal Gazette pulled a week's worth of the comic strip Doonesbury for its seemingly light-hearted treatment of a person living with AIDS.

Gazette editor Mark Harrison said the episodes were withheld because they "were in doubtful taste." Public reaction was swift and many accused the Gazette of censorship and "ivory towerism"

One week later, the paper's ombudsman Stefanie Whittaker admitted "the Gazette should not have shielded its readers." She said, "Garry Trudeau's work would have done more good than harm in making readers aware of how some AIDS patients cope and in raising general awareness about AIDS."

Lee Hamer initially agreed with the Gazette's decision to pull the series. He is the current administrator of The Pilgrim Project, a Montréal volunteer organisation which assists members of the community with terminal diseases. Among those needing the Pilgrim Project's assistance are people living with AIDS.

Hamer felt that any humour that dealt with the HIV was in poor taste and was offended by the Doonesbury episodes in particular. Yet after some thought, he looked at the strips from a different angle and saw the "the tragedy between the lines." He now believes that if people living with AIDS can laugh over their own situtation, then it can only prove beneficial.

Most humourists agree that a significant part of comedy is based on tragedy. Byron wrote ,"And if I laugh at any mortal thing/'Tis that I may not weep..."

Profiling an AIDS crusade

by Marc Wills

David Cassidy has less than an hour to explain to a group of high school students what AIDS is and how to prevent it.

An hour is not enough, he remarks. Even social workers, with whom Cassidy normally deals, require four or five information sessions before the intricacies of the AIDS problem sink in.

"In this country you're going to get AIDS in essentially two ways," he tells the students, "from certain kinds of sex and from sharing needles in intravenous drug use.

"You can have, and you should enjoy having sex, but you must take precautions," Cassidy warns, "Sex is lots of fun but it's not worth dying for."

He recommends that the students use condoms for vaginal and anal intercourse.

Cassidy, 43, is an AIDS liaison worker at Ville Marie Social Services, Montréal's English-language social service network. He's also a founder of the first AIDS support group in Montréal and the co-editor of a book for professionals about AIDS.

Cassidy, in his own words, is an AIDS handyperson. He makes sure that people are informed about the syndrome and are sensitive to the needs and rights of people with AIDS. His work puts him in touch with hospitals, AIDS support groups, social workers, homemakers, government officials, and with people living with AIDS.

Self-styled "AIDS handyperson" David Cassidy

GILLES PESANT

His biggest frustration, he says, is dealing with a provincial government he accuses of "criminal negligence". "The province doesn't understand the size of this problem, or doesn't want to, because AIDS is associated with the gay and Haitian communities," he remarks.

Though the Québec government has pledged $21 million over the next three years towards AIDS prevention and treatment, Cassidy says the money isn't being spent.

"People are dying unnecessarily but until more hemophiliacs and heterosexual men and women contract the disease, the government won't do anything about it," says Cassidy.

Recent federal government statistics put the number of reported AIDS cases in Québec at 897 people. It is estimated that nearly a third of these cases involve heterosexuals.

But in the public mind AIDS is still seen as a gay disease. It's a misconception Cassidy is constantly correcting. "From a global perspective, AIDS is really a heterosexual disease," he says. "New cases in North America are largely in the heterosexual community. The truth is there are no high-risk groups, there's just high risk behaviour."

This past summer, Cassidy filed a complaint with the Québec Human Rights Commission over an editorial published by the *West Island Suburban*. *Suburban* Editor Christy McCormick argued that AIDS "is principally the disease of homosexuals and heroin addicts... If one avoids buggery and illicit needles, the chances of getting it are remote." Homosexuality, McCormick concluded, "has established itself as a real killer."

Cassidy told the Commission that the *Suburban* was printing misleading and inaccurate information discriminatory towards gays as well as to all people who've contracted the disease.

The Commission found in Cassidy's favour and rebuked McCormick for making an "improper and unacceptable generalization, unjust toward a group of people who are already victims of prejudice and negative stereotypes in our society." The *Suburban* published the Commission's decision but refused to apologize.

Cassidy's book, *AIDS: A Handbook for Professionals*, published last year and currently in its third printing, is a collection of essays written for nurses, dentists, nutritionists and lawyers. "The idea," explains Cassidy, "was to put a professional's head space in the right place so that they were better able to give their service to people living with AIDS."

Cassidy came to Montréal from Toronto in 1976. He is a past president of the Gay Montréal association and a former director of the Montréal Women's Centre. He lives with his lover of 15 years, Walter Van Nus, a political science professor at Concordia University.

When Cassidy first started doing AIDS liaison work in 1983 "he was like an octopus," explains his supervisor at Ville Marie, Miriam Green. He was in contact with hospitals, CLSCs and homemakers. When people weren't talking to each other he made contact with all the different groups. He's really been quite outstanding."

The high school talk is but one stop in Cassidy's hectic schedule. In his daily routine, he goes from information workshops to radio interviews, from the classroom (he's completing a special Bachelor's in Social Work at McGill) to fundraising work on behalf of the Foundation for Immune Diseases, an AIDS education organization set up in Montréal last June.

"I don't care about being goody-goody. I just want to save lives," Cassidy says.

"David's a scream, definitely a scream," says Cheh Cho, an AIDS educator who has known Cassidy for seven years. "He's very supportive of the people he works with.

"In the AIDS field you need a good push and he helps a lot in that department," says Cho.

AIDS drugs in Canada

by James-Paul Marois

To take the Test, or not to take the Test.

If someone in the early to mid 1980s tested positive on an HIV-antibody test, they were given little, if any, hope. Although today there is still no known cure for AIDS, there are effective treatments for many of the opportunistic infections which can accompany seropositivity. Some medicines, when used early enough and properly can dramatically slow or stall the progression of HIV infection towards AIDS.

There are two main categories of experimental agents. Antivirals, or antiretrovirals (since HIV is a retrovirus), can kill the virus directly (virucidal). Or, they limit the growth of the virus (virustatic).

Unfortunately, when antivirals destroy the virus, they also destroy the cells to which the virus has penetrated. This is why so many of antivirals have toxic side effects.

The second category is immunostimulants (or regulators or modulators). These agents work on the principle that HIV infection manifests itself as an immune deficiency. In theory, therefore, by bolstering the immune system, the body is more able to fight off opportunistic infections.

The drawback to these agents is that they do not get rid of the HIV infection and may, paradoxically, stimulate viral replication by giving the virus a larger number of immune system cells to invade.

The following is a list of some of the drugs and treatment methods people who are seropositive or who have AIDS currently use:

• **AZT** is an antiviral drug that slows down the replication of HIV. The drug can have severe side effects including anemia (red blood cell deficiency) or neutropenia (white blood cell deficiency). Supposedly easier to tolerate earlier in the course of infection and prolongs the life of people using it. AZT is the most frequently prescribed drug for AIDS, but many doctors judge it far too dangerous and have had success with other courses of treatment.

• **AL721** is a nutritional product that is made with egg lipids. Theoretically, it acts as an antiviral preventing HIV from infecting healthy cells. AL721 can cause nausea and diarrhea in very high doses but is basically non-toxic. Some people on the drug say that they feel better on it, but many doctors doubt its efficacy.

• **Ribavarin** is an aerosol or a pill taken against pneumonia. It inhibits the replication of HIV, but has many of the same side effects as AZT.

• **ddI** is a new drug developed by Bristol Myers, currently being tested. In theory, it is a nucleoside analogue like AZT without the same toxic side-effects, even when taken in larger doses.

• **GLQ-223 (Compound Q)** selectively kills HIV-infected cells in the test tube. The American Foundation for AIDS Research is supervising some underground trials, but the effectiveness of the drug on human subjects is not yet known. It has dangerous side-effects for people who have central nervous system disorders.

• **Aerosolized Pentamidine** is an effective treatment for people with Pneumocystis Carinii Pneumonia (PCP), a common AIDS-related infection.

• **Dextran Sulfate** inhibits replication of HIV. Its side effects include bloody diarrhea, gas, nausea and liver toxicity when taken in very high doses.

• **CD4 or Peptide-T** is a drug that interferes with HIV's bonding to the protein coat of the immune system's cells. Research reports on the drug often conflict, but some show it increases T4 Lymphocytes (T-cells) counts. These are cells that help white blood cells fight off infections and are debilitated by HIV. The drug also improves certain central nervous system disorders. The drug has thus far proven non-toxic.

• **Carrisyn (aloe vera)** has antiviral properties. It is non-toxic, but users must drink several quarts of it a day.

• **Imuthiol** stimulates the production of T cells and bolsters the body's immune system. It can cause gastro-intestinal problems and its users cannot tolerate alcohol.

• **Ganciclovir (DHPG)** has already helped thousands of patients. It can prevent the onslaught of blindness caused by Cytomegolavirus Retinitis, an 'opportunisitic' infection, or, an infection taking advantage of an already weakened immune system. Treatment is continuous and side effects include disorientation, rashes, blood clots, nausea, vomiting and lessened ability of the bone marrow to produce white blood cells.

• **Erythropoietin (EPO)** helps people who are suffering from anemia. Some of its side effects include hypertension, heart attacks, strokes and heart irregularities.

• **Chemotherapy** is often used against Kaposi Sarcoma (a common AIDS cancer). The treatment is poisonous to many patients. AZT is a form of chemotherapy.

• **New Age Techniques** such as Shiatsu, Crystals, Rolfing, Acupuncture, Psychic Healing, Healing Circles, Macrobiotics and Herbology are effective in varying degrees. These treatments for the most part are outside of the scientific establishment and lack "official" recognition. They are all non-toxic and may greatly improve the quality (if not also the quantity) of life.

In all cases, the earlier many of these treatments are used, the more effective they tend to be. It is a good idea to consider all your options when making a decision on whether or not to get tested. In Québec, anonymous testing is guaranteed at the CLSC Centre-Ville and CLSC Métro. Both centres have counselling and reference services and your HIV-status will not be released to anybody.

Different obstacles, different solutions

The impact of AIDS in the developing world has received sporadic and not particularly comprehensive treatment in the Northern press. The population of Asia, we are told, has been little affected by AIDS, Africa has been swept by a twentieth century equivalent of the Black Death, and Latin American experiences have been quietly ignored.

by Iain Blair

To their outrage, Africans have been scapegoated and depicted as the source of a scourge. Meanwile, Middle Eastern and Asian countries have taken an official position that AIDS is a product of Western decadence.

As of April 1989, official figures indicate there have been over 150 000 cases of AIDS, world wide. The World Health Organization estimates that the real figure, up to the end of 1988 is actually over 350 000. Many nations are reticent to report AIDS incidence, and many cases are quite simply never identified as such. The extent and spread of AIDS in the world today is masked by politics, morality, and poverty.

Denial, whereby AIDS is labelled and scorned as the fault of others, has long existed in North America. Here, gays, drug users, and, visible minorities have been blamed as bringing the virus to the innocent "general" (i.e. white and straight) population. In the developing world, as well, governments are masking the extent of AIDS within their own countries or restricting AIDS programs to the testing of foreigners, rather than educating their own populations.

Africans in particular are justifiably wary of the non-provable hypothesis that they and their continent are the source of a disease, which they have been labelled with and which is at any rate irrelevant to public preventative education. This has prompted many African governments to not disclose the true extent of AIDS within their own borders. An anti-African AIDS scare could have a devastating impact upon struggling economies dependent upon tourism and foreign investment.

AIDS in Africa has received most press coverage in the North as an omen of the dreaded "Pattern II", where AIDS is spread not primarily between male homosexuals and drug users but among and between sexually active heterosexuals. While the impact of AIDS has been severe upon the continent, it should be remembered that the infection rate for the continent as a whole still appears to be less than one per cent. When the AIDS virus has spread, it has done so in patterns of concentration. In some areas of East and Central Africa, particularly urban areas, rates of infection seems to range between 15 and 20% of the sexually active population.

In both rural Africa and the burgeoning cities, AIDS educators and medical practitioners have to confront social conditions radically different from those in the industrialized world. Thus, there can be no "parachuting in" of first world educational programmes with the expectation that they will work in different environments.

The first obstacle which confronts those seeking to halt AIDS is desperate poverty, and this condition applies to all of the developing world as well as to Africa. When death by starvation is always imminent, few individuals can afford to look years down the road. Medical care for those already suffering from AIDS-related diseases is also an insurmountable obstacle in many nations, for providing care for ten people with AIDS at a level similar to that in the U.S. requires greater funds than the budget of Zaire's largest hospital. AIDS is also competing with a host of other more prevalent and often fatal diseases. It is a sobering reminder that the leading cause of death of children in the world today is not AIDS but diarrhea.

African students in New Dehli protesting the Indian Government's decision to test all African students for HIV.

Halting the spread of AIDS also deviates from the Northern model because of sexual practice. Homosexuality in its socially constructed Northern form does not exist in much of the developing world, and thus reaching those who practice unsafe forms of male-to-male sex is difficult because of the lack of an organized gay community and gay forums of information.

In Latin America, the pervasiveness of the machismo cult make any attempts to educate male homosexuals difficult. The most visible and mangeable form of sexuality, heterosexual marriage, has thus been the chosen focal point of AIDS campaigns in most developing countries. Programmes such as Uganda's "Zero Grazing" campaign promote monogamy and marital fidelity as the best means of avoiding AIDS.

Progressives in the industrialized world stress that risk is increased by sexual practices, not sexual partners. While this principle holds true also in the developing world, there are problems with touting the condom as the most efficient means of protection. Condoms are not always available in rural areas and are often prohibitively expensive. The widespread distribution of free condoms in all rural and urban areas could be one of the most effective forms of development aid which the industrialized nations of the world ever offered.

Even with condoms, problems certainly arise when a couple chooses to have a baby. Testing of all individuals before intercourse is just not feasible, particularly in nations where medical care is so scarce of supplies that innoculation and surgery with dirty instruments are one of the probable sources of transmission.

Seropositive mothers also can pass on the AIDS virus to their infants both before and after birth, and evidence seems to show sadly that transmission is also possible through mother's milk. This fact can cause grave damage to the campaigns which have sought to persuade mothers to leave baby formulas and return to the much healthier breastfeeding. And yet another biological/sexual issue which the North does not have to deal with is the female genital mutilation practiced in parts of Africa. This ritual, where much of the external female genitalia is cut out and sewn up again causes much bleeding and ripping during intercourse. Such wounds obviously provide an easy mode of transmission.

Economic structures supported by the North continue to drive rural families off the land and into major urban centers where poverty, disease and prostitution flourish. Migrant labour systems split families apart for years as men toil far from home in the mines and women toil closer to home in the fields. To speak of condoms, much less monogamy in such conditions of poverty and social dislocation is to speak from a position carefully insulated from reality.

In the industrialized and the developing world, AIDS is frequently symptomatic of poverty. As an infectious disease it is one of the easiest to avoid, but this avoidance requires education and a minimum standard of medical care, resources, hygiene and nutrition. The cycle of AIDS transmission can be beaten. However, in the developing world it is still but one of many biological, social and environmental factors which kill people.

Unless the hoped-for miracle vaccine arrives soon and a smallpox-style campaign of eradication can be launched, AIDS can only be totally controlled in the developing world when basic needs are met and primary health care is available to all.

Red Cross questionnaire dangerously misleading

If you have ever given blood to the Red Cross, you will have filled out their questionnaire, designed to screen donors.

In addition to queries like, "Do you have a cold," it poses general questions like:

•If male, have you taken part in homosexual acts since 1977? •Have you shared needles or taken drugs by needle?

•Have you lived in an area where AIDS is prevalent and had sexual contact with people there?

•Have you had sex with anyone who has taken part in some of these activities?

These questions identify high risk in terms of group types and not in terms of specific activities. They don't ask whether one has practised safe sex, or taken the precaution of bleaching needles when sharing them.

Such questions are misleading to the blood donor: if they answer no to all (and their blood is accepted), are they exempt from risk? Are those who answer yes, but practice safe sex or sterilize their needle, at high risk?

Red Cross blood clinic representative Beatrice Jean said the questions are designed to "ensure a good product."

"It's not a question only for AIDS," she said. "It's a medical questionnaire. If people are at risk they should not come to the Red Cross to give blood."

The point is that many people who go to give blood may not know that they are at risk, and if they are, then these questions are not adequate screening.

One hundred safe sex encounters are safer then one unprotected instance of sexual intercourse.

CLASSIFIEDS

Ads may be placed through the Daily business office, room B-17, Union Building, 9h00 - 15h00. Deadline is 14h00 two weekdays prior to date of publication.

McGill students: $3.50 per day; $2.50 for 3 consecutive days, $2.25 for 4 or more consecutive days. McGill Faculty and Staff: $4.50 per day. All others: $5.00 per day. There is a 25 word limit. There will be a charge of 25¢ for each word over the limit. Boxed ads are available at $4.00 per ad per day - no discounts on boxing. EXACT CHANGE ONLY PLEASE.

The Daily assumes no financial responsibility for errors, or damage due to errors. Ad will re-appear free of charge upon request if information is incorrect due to our error. The Daily reserves the right not to print any classified ad.

Final date to place your classified advertising order this semester: Monday, November 27.

341 - APTS., ROOMS, HOUSING

To Share: 4 1/2 at Bishop & DeMaisonneuve with another somewhat politically correct person. $290, good student preferred. Call 285-2202.

Incredible deal!! Bright, large 3 1/2, two balconies, carpet, large kitchen, skylight in the bathroom, near park Lafontaine. 30 min from McGill on Sherbrooke bus, beautiful neighborhood. Shopping, laundromat. Close to St Denis, Voyageur, UQAM, medical clinic - once ina lifetime deal: All for $285/month. Includes comfy chair that folds out into a bed; fridge, stove. Available now or December 1. After 5 p.m. call Zeb, 284-5160.

Want to move out? Room available for January. $195/mo. Unheated. Call or leave a message at 982-0493. Mellow Student preferred.

Roommates needed for second term in 7 1/2, furnished, stylish and happy apartment at 3484 Colonial. 15 min. from campus - washer, dryer. $192.50, 284-6031, anyone.

Need two roommates to share sunny 5 1/2 second semester. $175/month. Non-smokers. Laundry facilities. No bugs. Near bagel factory! For more info call 276-3543.

Large and bright 6 1/2 to share. Exciting neighborhood (Fairmount & St. Urbain) 200$/month. Call evenings 277-1695.

Sublet: Spacious 7 1/2 to sublet in Outremount for a period of 5 to 10 months only (in between period negotiable) Starting next December or January: 3 bedrooms, 2 balconies, washer/dryer. $895 - everything included. # 279-0108.

For Rent. La Barcelona, 3 1/2 all inclusive indoor pool, 12 months lease 1 month free. 3 minutes from Campus. 3465 Hutchison. Phone 288-0920.

Room to Rent - beginning January 1st for only $300 a month, heat and hot water included. In large 6 1/2 on Sherbrooke near Atwater. Call 939-5906.

To Share: Large, bright 7 1/2 in N.D.G. Fully furnished, close to metro. $200.00 (utilities extra) Jan. 1st. Call Carolyn 483-5003 after 6.

Room for rent. 3 minutes from McGill. Completely furnished. Call 284-1227.

Looking for a female to share a big 4 1/2. Near metro Beaubien, sunny and renovated. Call Marie at 279-7056.

To share with one other person; 5 1/2 on Park Avenue, corner of Bernard; $200 a month plus electricity. Phone: 273-0584.

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GIFT WRAPPERS - Creative individuals, Christmas gift wrapping at locations throughout Toronto, Scarborough, Oshawa, Mississuaga, Brampton, Hamilton. Managers to $7.50/hour + bonuses. Wrappers to $6.00/hour + bonuses. December 1 - 23. Tel: (416) 534-2617.

Bakery salesperson wanted. Full or Part-time. No experience necessary. Ideal for students. Apply in person. Jarred Bakery. 5335A Queen Mary.

Part-time salesperson needed for ski shop. Saturday 8 - 1 p.m. + chance for more hours. Bilingual, experienced, enthusiastic. David, 381-8076.

352 - HELP WANTED

Chelsea Photo studio seeks attractive female models for nude figure studies. Attractive rates. Call 845-1018 between 6 & 7 p.m. Address 3575 St. Lawrence, suite 307A Montreal.

University Students as doorpersons; bilingual a must; clean cut, presentable. Downtown. Some studying permitted. By appointment only. Manager 844-6500/849-2045.

Summer Camp Jobs - Pripstein's Camp now hiring qualified counsellors and specialists for: swimming, windsurfing, drama, kayaking, canoeing, sailing, judo, karate, photography, arts & crafts, pottery, tennis, jazz dance, gymnastics, basketball and archery. 481-1875.

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Willing females and males needed for student haircuts. Supervised by professionals. Tuesdays, 5 p.m. for cuts $10, $12 tints only, $18 perms & highlights. Estetica 2175 Crescent. For appointments 849-9231.

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Big Savings! For less money than a big fat old cow you can have this great brand new money-saving entertainment book. Don't know what to do tonight or for the weekend? Just flip through this fantastic Entertainment coupon book and save 50% on Dining, Movies, Sports & Travel. Make Great Christmas, Anniversary or Birthday gift(s), too. And all proceeds go to supporting the McGill Women's Rugby Team - Quebec Champions! - trip to England. Call Heidi now (supplies are limited) at 934-1517.

A Brand New Computer for Sale. "80286" 100% AT IBM Compatible, VGA, CGA, EGA, One year part and labour warranty included. Majid 333-8889.

One Round Trip ticket from Montreal to Vancouver. Leaving Montreal on 13 December 1989 at 18:30. Returning from Vancouver on 2 January 1990 at 07:50. For more info call Sharon at 281-5131.

10% Discount - Off Sale Prices - with ad until Dec. 31, 1989. Down Parkas Reg. $350 ($149) Ski Jackets $109, Down Coats men-women $99 and $149. Leather 'rocker' jackets $100. Sheepskin Jackets reg. $950 ($475) large choice. EXXA 550 President Kennedy 843-6248.

2 single beds (mattress & base) $120 each. 1 queen-sized bed (mattress + base) $180. 2 sofas: $60 each. 1 child's desk: $20. 278-0108.

X-mas plane ticket Vancouver. Departing December 23. Returning January 7. Male or Female. $560 o.b.o. Call 286-0754.

Vancouver. Fly to Vancouver and be home for Christmas. Cheaper than stand-by, but guaranteed seat. Phone 284-7662 (Evening) or 284-5047.

Christ gifts: miniature perfumes. Salvador Dali, Anne Klein, Liz Clairborne, etc. + Other gifts in Shangri-La Hotel. Sherbrooke corner Peel. Mention ad - 20% discount.

Exercise bicycle. Excellent condition. $50, call between 7 - 11p.m. 495-3140, Cecile.

363 TO GIVE AWAY

=> URGENT: Home needed for 2 loving cats (neutered males, one all black, the other black & white). If interested phone: 848-0226.

372 LOST & FOUND

Stolen and/or lost. Old English Sheepdog. Grey and White, large, hairy dog, cute. Extremely friendly. If found please call 286-0459.

Lost - a much loved scarf (floral pattern), near Burnside Hall/F.D.A. building. If found please call 286-1634.

374 - PERSONALS

We're in the home stretch and if exams got you stressing out, you need a study break or library hours. McGill Nightline is awake and ready to rap • 6pm - 3am Nightly 398-6246.

Frosty says...

"I was serious.
Send in your
christmas presents
to 'Frosty,
c/o McGill Daily,
3480 McTavish,
room B03, Mtl, Que, H3A 1X9' and open up your hearts to poor old Frosty."

Why not use the WSN?? We provide greater security, not less independence. WALK SMART! Meet us at McLennan Lobby Mon. thru Thurs. 10:45 p.m.

AIDS ACTION WEEK is looking for volunteers for everything imaginable. Come help us design posters, tell us which speakers you'd like to hear, paint our banner. If you have a few hours or more now or during the week (November 27 to December 1) contact Jo-Anne at 848-1753 or Jeanne 875-1640 for details.

Outdoorsy (Deep powder, clear water, hot sand) Blond, blue-eyed, athletic male, 31, well-read, over-educated. Loves Architecture, drawing, wilderness, photography, kids. Seeks female interessante, petite, audacieuse. 3787 Cote des Neiges #419, Mtl, H3H 1V9.

HAPPY BIRTHDAY HANDOL KIM. Call Fraser in Vancouver, under F.K.

Need lecture and conference notes on Pre-historic Archeology 201A and American Literature I 225, ASAP for photocopying. Will pay. Call Mary after 6:00 p.m. at 842-9875.

Abused? Underpaid? Overworked? Unrecognized? Call the TA-Complaints and Action Team 398-3756.

Virginie: Saw you Wednesday 22 around 12:30. You didn't recognize me, neither did I - Only after. See you next Wednesday same place, same time.

Bryan (#7) Hope you got the Canadiens tickets and were able to see the game. It's nice to see that you're back on the ice. - D.M.

Daily Mincha Minyan at 1:00 p.m., Hillel House, 3460 Stanley. Rabbi Israel Hausman available for questions, inquiries, etc. 845-9171.

Remember the worship service this Friday Dec. 1 at Presbyterian College 19h30. Our theme this month is on Emotional Hurt and Healing. Organized by McGill Christian Fellowship.

383 LESSONS OFFERED

LSAT/GMAT - We offer weekend preparation courses for LSAT's and GMAT's. Course fees start at $180. For information and a free brochure, call 1-800-387-5519.

385 NOTICES

Gays and Lesbians of McGill offers an information and counselling talkline. Call us with questions, problems, or just to talk. Phone 398-6822 or drop by Union 417, M-F, 7 - 10 p.m.

Lesbian/Gay studies group meets Thursdays, discussion group meets Fridays, both at Yellow Door (3625 Aylmer) 17h00. Info 597-0363 (Bill).

HAPPY BIRTHDAY Handoll Kim. Call Fraser in Vancouver under F.K

Promoting Vegetarianism M.E.T.A. is having a special meeting to set up a campaign. Wed. Nov., 29, 5:30 p.m., Union 425, All Welcome. Info - Steve 272-5064.

Help a needy family this holiday season!! Give generously to the McGill Food Drive. Look for the boxes located on campus.

Stressed out? Tips on coping with exams. Mon. Nov. 27th - Fri. Dec. 15th, 1 -4 p.m. Redpath Library, main entrance. McGill Chaplaincy, 398-4104. Free de-call refreshments!

Battered women and their children need your help! Please bring clothing/toys for the Flora Tristan home to the lobby of Stewart Biology or Redpath.

Are you a TA? PGSS is forming a TA grievance committee. Have you any complaints about the way you are being treated call 398-3756.

Photographers: contest deadline March 2. Rules and stuff, B06 398-6786. Congratulations to scavenger people, especially John & Jim who won $20. Members: pick up newsletter.

387 VOLUNTEERS

Donors needed for donor insemination program. Oriental & black donors needed. Fee given. For more information, please call Fertility Center, Royal Victoria Hospital from 9 a.m. - 12 p.m. and from 1-1:30 p.m. at 843-1650.

Giftwrappers are needed to help the Arthritis Society in their annual fundraiser at Place Ville Marie from Dec. 4th - 23rd. Call Carole Lacombe at 842-4848.